

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

38323

9554

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY. (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis Mo</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>ST. ANTHONY HOSPITAL</u>				Length of stay in lb <u>16</u>		d. STREET ADDRESS (If outside, give location) <u>3645 HUMPHREY</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD WESSEL SR.</u>				4. DATE OF DEATH Month Day Year <u>OCT. 12 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC. 1 1900</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERICAL WORKER INT. SHOE CO</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ILLINOIS</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WESSEL</u>				13b. MOTHER'S MAIDEN NAME <u>IDA BRANDT</u>		14. NAME OF HUSBAND OR WIFE <u>MARY L. WESSEL</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>489-012513</u>		17. INFORMANT <u>MARY L. WESSEL</u> address <u>3645 HUMPHREY</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro Vascular Accident</u> DUE TO (b) <u>Hypertensive C.V.R. Diseases</u> DUE TO (c) <u>442x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia - Previous "Stroke"</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. (DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>9-27-57</u> to <u>10-12-57</u> and last saw her alive on <u>10-11-57</u> Death occurred at <u>6:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. A. Nestor MD</u> (Degree or title)				22b. ADDRESS <u>5200 S Compton</u>		22c. DATE SIGNED <u>10-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>REMOVAL OCT. 14 1957</u>		<u>OCT. 14 1957</u>		<u>LAUREL HILL</u>		<u>ST. LOUIS Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Thomas Kuter 2906 Gravia</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>OCT 14 57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> m88	

257-12  
1177

221-3383

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student [Signature]  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4347  
P. O. Address 2906 Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.